

Application for Attica Chief of Police.

An applicant must meet the following requirements:

- (1) Have five (5) years of service as a police officer with a full-time, paid police department or agency.
- (2) Be a citizen of the United States.
- (3) Be a high school graduate or equivalent.
- (4) Be at least twenty-one (21) years of age.
- (5) Be free of mental illness.
- (6) Be physically fit.
- (7) Have successfully completed the minimum basic training requirements established by the law enforcement training board under IC 5-2-1, or have continuous service with the same department to which the applicant was appointed as a law enforcement officer before July 6, 1972.

1. _____ 2. _____
 Last Name First Name Middle Name Social Security Number

3. _____ 3A. _____
 Alias(es), Nickname(s) Maiden Name, Other Changes in Name Telephone Number

4. _____
 Present Residence Address, Street/City/State/Zip

5. _____
 U.S. Citizen: Native (Yes/No) Naturalization No. Date Place Court

5A. _____
 Date of Birth

6. Residences: List all for past ten years beginning with current.

Month and Year From	To	Address	With whom did you live and where are they now?

7. Family

Are you? Single Married Separated Divorced Widowed

List all children related to you or your spouse:

Name	Relation	Date of Birth	Address	Supported by Whom

8. Vehicle Operator's License

Give the following information concerning any vehicle operator's license you have held or now hold:

Type of License	Number	Issuing Authority	Expiration

Have you ever had a license suspended or revoked? Yes No

9. Conviction of Crime

Have you ever been convicted of a misdemeanor or felony? Yes No
 If yes, state violation, court of jurisdiction, and date of conviction.

10. Past and Present Membership in Organizations

Name	Address	Zip	Type	Office Held	Membership

					Dates

11. Education

A. List all high schools attended. Attach transcript from last high school attended.

Name	City	Zip	Graduated Yes/No

B. Higher Education. List all colleges or universities attended. Attach transcript from last institution.

Name	City	Zip	Dates Attended	Credit Hours Semester/Quarter	Degree Rec'd Year

12. Special Qualifications and Skills

Indicate Police Certification or any other type of special license such as pilot, radio operator, etc., showing licensing authority, where the license was first issued and date current license expires.

13. Foreign Language

Enter language and indicate fluency.

Language	Reading	Speaking	Understanding	Writing

14. Hobbies and Sports

Name	Length of Participation	Level of Proficiency

15. Employment

Are you now or have you been a law Enforcement Officer? Yes No (if yes, what class - A or B license)

Begin with your most recent job and list your work history for the past ten years, including part-time, temporary or seasonal employment, and all periods of unemployment.

Date		Name, Address, Phone Number of Employer	
From	To		
Salary		Description of Duties	
Job Title			
Why did you leave?			
Name of Supervisor:		Phone Number	
Name of Co-Worker:		Phone Number	

Date		Name, Address, Phone Number of Employer		
From	To			
Salary		Description of Duties		
Job Title				
Why did you leave?				
Name of Supervisor:		Phone Number		
Name of Co-Worker:		Phone Number		

Date		Name, Address, Phone Number of Employer		
From	To			
Salary		Description of Duties		
Job Title				
Why did you leave?				
Name of Supervisor:		Phone Number		
Name of Co-Worker:		Phone Number		

If additional employer blocks are needed, please attach requested information on separate sheet.

Have you ever been discharged, asked to resign, furloughed, or put on inactive status for cause, or subject to disciplinary action while in any position (except military)? If yes, state reason:

16. Military Status

Have you ever served in the U.S. Armed Forces? Yes No
 Do you claim veteran's preference? Yes No
 Are you presently a member of a U.S. Reserve or State Guard organization? Yes No

17. Financial Status

Give names and addresses of the individuals, companies or others to whom you are indebted, and the extent of your debt. Include rent, mortgages, vehicle payments, charge accounts, credit cards, loans, child support payments and any other debts and payments. Include account number where applicable.

Type	Name and Address of Creditors	Reason for Debt or Item Purchased	Account Number	Total Balance	Monthly Payments

18. Character References

List only character references who have definite knowledge of your qualifications for the position of application. List five character references. (Do not list relatives or persons living outside the United States.)

#	Name	Address	Home Phone	Work Phone	Years Known
1.					
2.					
3.					
4.					
5.					

19. Have you ever applied for a position with any other governmental agencies? If yes, give details.

20. Remarks

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the entries made by me above are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Date

Signature of Applicant

AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I (PRINT NAME) _____, am an applicant for a position with the Attica Police Department, City of Attica, Indiana. The Department needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above department. I hereby authorize any representative of the Attica Police Department bearing this release to obtain any information in your files pertaining to my employment, financial, credit, educational, medical, polygraph, military, legal, criminal history, background and reputation. I hereby direct you to release such information upon request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are of public, private, or confidential nature and whether written, oral or electronic. I reiterate and emphasize, that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Attica Police Department to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confidential it may appear to be. This includes investigative files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Attica Police Department regardless of any agreement I may have made with you previously to the contrary. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release information. The Attica Police Department may discontinue processing my application if you refuse to disclose the information requested. I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Attica Police Department. It is my intent that this release should also apply to personal recollections and information about my character, personality or suitability for the job for which I have applied that are written, oral or electronic.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Signature _____

Address _____ City _____, State _____

Social Security # _____ Birth date _____

Sworn and Subscribed before me, _____, A Notary Public

For _____ County, State of _____ on this _____ Day of _____, 20 _____
Signature of Notary

My Commission Expires _____

Printed name of Notary _____ SEAL

This form is to be signed and witnessed in the presence of a Notary Public. Return with application.

APPLICANT STATEMENT OF TRUTHFULNESS

To be returned with completed application:

Please read the following statement and sign to certify your understanding. This statement is to be signed in the presence of a notary public.

I certify that all information I have provided in order to apply for and secure work with the Attica Police Department is true, complete and correct.

I understand that all the information I have provided is subject to verification and that any information found to be false, incomplete or misrepresented in any respect, will be sufficient cause to:

- 1) cancel further consideration of this application, or
- 2) if already appointed; I may be subject to discharge from employment. I have expressly authorized, without reservation, the Attica Police Department, its representatives, employees or agents to contact all references, and any other persons in order to obtain any and all information deemed necessary by them to verify the accuracy of all information provided by me in this application or at other points throughout the entire process including interviews. I have signed a RELEASE OF INFORMATION WAIVER FORM, which is also attached to this application.

I understand that the Attica Police Department does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant from consideration on a basis prohibited by applicable local, state or federal law.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Before me the undersigned, a Notary Public for _____ County,

State of _____, personally appeared _____
Printed name of applicant

And he/she being first duly sworn by me upon his/her oath certified he/she read, and fully understands and accepts all terms of the foregoing Applicant Statement.

Signed and sealed this _____ day of _____, 20____

Signature of Applicant

Signature of Notary Public

SEAL

My commission Expires _____